

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	311		4/3
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	21	500	10 4-27-01 5/9/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
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10	✓	✓	
11	✓	✓	
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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